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**FAX TRANSMISSION****DATE:** November 30, 2006**PTO IDENTIFIER:** Application Number 10/776,674-Conf. #3484  
Patent Number**Inventor:** Rudolf FAUST *et al.***MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** LAHIVE & COCKFIELD, LLP

Danielle L. Herritt

**PHONE:** (617) 227-7400**Attorney Dkt. #:** ULI-002**PAGES (Including Cover Sheet):** 15**CONTENTS:** Transmittal (1 page)  
Fee Transmittal (1 page - in duplicate)  
Amendment in Response to Non-Final Office Action (9 pages)  
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)  
Certificate of Transmission (1 page)  
This Fax Cover Sheet (1 page)  
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PTO/SB/21 (07-06)

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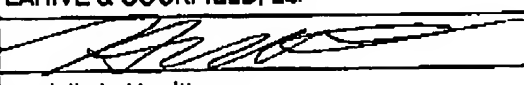
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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/776,674-Conf. #3484
	Filing Date	February 11, 2004
	First Named Inventor	Rudolf FAUST
	Art Unit	1713
	Examiner Name	Taskin, Fred M.
Total Number of Pages in This Submission	Attorney Docket Number	ULI-002

**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Certificate of Transmission Fax Cover Sheet</b>
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Firm Name	LAHIVE & COCKFIELD, LLP		
Signature			
Printed name	Danielle L. Herritt		
Date	November 30, 2006	Reg. No.	43,670

PTO/SB/07 (09-04)

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Application No. (if known): 10/776,674

Attorney Docket No.: ULI-002

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Transmittal (1 page)

Fee Transmittal (1 page - in duplicate)

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<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		<b>Complete if Known</b>	
Effective on 12/06/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4310).		Application Number	10/778,674-Conf. #3484
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 11, 2004
<b>TOTAL AMOUNT OF PAYMENT</b>		First Named Inventor	Rudolf FAUST
(\$ )	1,020.00	Examiner Name	F. M. Teskin
		Art Unit	1713
		Attorney Docket No.	ULI-002

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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments		

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<b>Total Claims</b> - 20 = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	<b>Extra Claims</b> - 3 = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.	<b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____	<b>Multiple Dependent Claims</b> <b>Fee (\$)</b> _____	<b>Fee Paid (\$)</b> _____
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**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____	/50	_____ (round up to a whole number) x	_____	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>1253 Extension for response within third month</u>	<u>1,020.00</u>

<b>SUBMITTED BY</b>		Registration No.	43,670	Telephone	(617) 227-7400
Signature		(Attorney/Agent)		Date	November 30, 2006
Name (Print/Type)	Danielle L. Herritt				